



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Ernie Fletcher
Governor

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Mark D. Birdwhistell
Secretary

Shawn M. Crouch
Commissioner

October 24, 2007

**TO: Supports for Community Living (33)
Provider Letter Number A-22**

**RE: Supports for Community Living Waiver Program
Enhanced Rate Year Two**

Dear *KyHealth Choices* Provider:

Medicaid is entering its second year for offering the Enhanced Community Transition Rate reimbursement under the Supports for Community Living Program (SCL). This reimbursement rate is for individuals who are transitioning from an ICF/MR.

The enhanced rate for transitioning individuals from an ICF/MR to the community is a flat yearly rate of \$125,000. It is the responsibility of the residential provider to assure that all services, which are identified on the plan of care (MAP-109), are prior authorized, and are provided by a certified SCL provider. Services must be individualized to meet the unique needs of each recipient. The SCL residential provider will sign a contractual agreement with other service providers to deliver services to the recipient.

The procedure code used for enhanced residential is T2033. Please use no other residential codes on the plan of care. All other service codes are the same codes used in the SCL waiver. All SCL waiver service claims must also be submitted to Medicaid (EDS) which will pay at \$0. The claims data will be used to assist in developing new rates after two years and be used as a tracking mechanism for CMS.

All SCL residential providers are eligible for the enhanced rate, including family home providers, group home, staffed residence and adult foster care. Please see 907 KAR 1:145, Section 4 (K) for a complete listing of eligible providers. Further information can be found at 907 KAR 1:155 Section 7.

(Please see reverse side)



KyHealth Choices Provider

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Should you have any questions please contact Linda Proctor, M.A. within the Division for Long Term Care and Community Alternatives at (502) 564-5560 Monday through Friday 8:30 a.m. until 4:30 p.m. eastern time.

Sincerely,

A handwritten signature in black ink, reading "Shawn M. Crouch". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Shawn M. Crouch

Commissioner

Xc: Supports for Community Living (33)
Provider Letter Number A-22

SMC/CB/amd00347